




9-20-05

TWO \$

Express Mail No. EV551885826US

Attorney Docket No. 108298755US  
Disclosure No. 03-0818.00/US

| AMENDMENT TRANSMITTAL LETTER   |                                  |                                  |                             | Docket No.<br>108298755US |        |
|--|----------------------------------|----------------------------------|-----------------------------|---------------------------|--------|
| Application No.<br>10/743,166-Conf. #7760  |                                  | Filing Date<br>December 22, 2003 |                             | Examiner<br>M. S. Walling |        |
|  |                                  |                                  |                             | Art Unit<br>2863          |        |
| Applicant(s): Daniel P. Cram   |                                  |                                  |                             |                           |        |
| Invention: SYSTEM AND APPARATUS FOR TESTING PACKAGED DEVICES AND RELATED METHODS   |                                  |                                  |                             |                           |        |
| <b>TO THE COMMISSIONER FOR PATENTS</b>   |                                  |                                  |                             |                           |        |
| Transmitted herewith is an amendment in the above-identified application.  |                                  |                                  |                             |                           |        |
| The fee has been calculated and is transmitted as shown below.   |                                  |                                  |                             |                           |        |
| <b>CLAIMS AS AMENDED</b>   |                                  |                                  |                             |                           |        |
|  | Claims Remaining After Amendment | Highest Number Previously Paid   | Number Extra Claims Present | Rate                      |        |
| Total Claims   | 65                               | - 65 =                           | 0                           | x                         |        |
| Independent Claims   | 9                                | - 9 =                            | 0                           | x                         |        |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |                                  |                                  |                             |                           |        |
| Other fee (please specify): Extension for response within first month  |                                  |                                  |                             |                           | 120.00 |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>  |                                  |                                  |                             |                           | 120.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity   |                                  |                                  |                             |                           |        |
| <input type="checkbox"/> No additional fee is required for this amendment.   |                                  |                                  |                             |                           |        |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br>A duplicate copy of this sheet is enclosed. |                                  |                                  |                             |                           |        |
| <input checked="" type="checkbox"/> A check in the amount of \$ 120.00 to cover the filing fee is enclosed.                                |                                  |                                  |                             |                           |        |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |                                  |                                  |                             |                           |        |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 50-0665 as described below. |                                  |                                  |                             |                           |        |
| <input checked="" type="checkbox"/> Credit any overpayment.  |                                  |                                  |                             |                           |        |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.       |                                  |                                  |                             |                           |        |
| <br>Tim R. Seeley<br>Attorney Reg. No.: 53,575          |                                  |                                  |                             | Dated: September 19, 2005 |        |
| PERKINS COIE LLP<br>P.O. Box 1247<br>Seattle, Washington 98111-1247<br>(206) 359-8000  |                                  |                                  |                             |                           |        |